

**ANACONDA-DEER LODGE COUNTY**

**REFERENCE AND CRIMINAL BACKGROUND CHECK  
AUTHORIZATION FORM**

Applicant's Name: \_\_\_\_\_  
(Please print or type)

Other Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

As an applicant for a position with Anaconda-Deer Lodge County, I am required to furnish information for use in determining my past work record.

I hereby authorize Anaconda-Deer Lodge County to contact any or all of my present or past employers, co-workers, personal references or any other possible work contacts. I release these employers and/or references from any liability which may relate to the information provided to the County. I also authorize the County to conduct a Criminal Records Check and Background Check via law enforcement agencies and/or an investigator, and an Abuse, Neglect or Mistreatment Check through the Department of Public Health and Human Services. I understand that the purpose of this record and background check is for employment purposes only.

This authorization shall be valid and effective for one year from the date signed.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

**If applicant is under the age of eighteen (18) years of age, this document must also be signed by a parent or legal guardian.**

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE